

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 2

Place of Birth Esagar County Apache No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
<u>Male</u>			

DATE OF BIRTH* December 3 1917
(Month) (Day) (Year)

FULL NAME William Jay Burgess
FATHER

FULL MAIDEN NAME Jessie Wilthank Burgess
MOTHER

I HEREBY CERTIFY that the child described herein has been named

GORDON
Gordon Longo Burgess
(Give name in full) (Surname)

Wm. J. Burgess
(Parent's Signature)

Cecilia Hamblin
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
M 11-41 A.P.

722-1203-103